PTO/SB/06 (08-03)
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Unde	PATE	NT APPLICA	TION F	sons are required EE DETER! for Form PTO-	collection of information unles		ss it displays a valid OMB control number. Application ox bocket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
FOR		NUMBER	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
ASIC FEE 17 CFR 1.16(a))							\$	OR		<u> </u>
OTA	L CLAIMS FR 1.16(c))		minus 20 =			x \$=		OR	x \$=	
IDEF	PENDENT CLAIM	s	minus 3 = *			x \$=		OR	x s=	
7 C K 1.10(0)/					+s =		OR	+ \$=	_	
not in the second						TOTAL		OR	TOTAL	
ff th	e difference In co	dumn 1 is less than	zero, ente	r *0" in column 2.		TOTAL		1		
_	CL	AIMS AS AME	NDED -	PART II	•				OTHER	THAN
X	1-1-05	(Column 1)		(Column 2)	(Column 3)	SMALL	YTTTN	OR T	SMALL	
AMENDMENT	100	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE	i i	RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	"00.		x s=		OR	x \$=	
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	• /	Minus	" / _•	E	x \$=		OR	x s=	
뵑	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+\$ =	
	FIRST PRESENTATION OF MOUTH CE OF ENDERN GOOD (C)					TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	1.
						ADDETEC	L	_		7
AMENDMENT		(Column 1) CLAIMS REMAINING AFTER	·	(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	PAID FOR_	=	v. =	1	OR	x \$=	
	(37 CFR 1.16(c)) Independent	•	Minus	***	=	X \$=		OR OR	x.s=	
	(37 CFR 1.16(6))	<u> </u>				X \$=	1	7		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$= TOTAL		→ OR	+s=	
						ADD'L FEE	<u> </u>	OR	ADO'L FEE	L
		(Column 1)		(Column 2)	(Column 3)	,		¬		
- - -		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(d))	AMENDMENT	Minus		=	x s=		OR	x \$=	<u> </u>
	Independent (37 CFR 1.16(b))	 	Minus	•••	=	x \$=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+; =		OR		<u>- </u>
	- I FIKS I PRESEI	TIATION OF MULTIF				TOTAL		\neg	TOTAL	1

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.